

**OFFICER'S BATTERY REPORT**  
CHICAGO POLICE DEPARTMENT

RD NO.

**HZ528207**

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

OFFICER INFORMATION		INCIDENT INFORMATION								
NAME (LAST - FIRST - M.I.) <b>PAGE, RICKY L</b>		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR								
STAR NO. <b>11349</b>	POSITION <b>POLICE OFFICER</b>	ADDRESS OF OCCURRENCE <b>3558 W HARRISON ST</b>								
DATE OF APPOINTMENT <b>15-MAR-2013</b>	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)							
UNIT OF ASSIGNMENT <b>011</b>	BEAT/CALL NO. <b>1163A</b>	LOCATION CODE <b>304-STREET</b>	BEAT OF OCCURRENCE <b>1133</b>							
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>BLACK</b>	DOB [REDACTED]	DATE OF OCCURRENCE <b>25-NOV-2016</b>	TIME <b>00:25:00</b>						
HEIGHT <b>602</b>	WEIGHT <b>195</b>	DAY OF WEEK <b>FRIDAY</b>								
<b>TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED</b>										
<input checked="" type="checkbox"/> 1. ON DUTY <ul style="list-style-type: none"> <li><input type="checkbox"/> A. UNIFORM, PATROL DUTY</li> <li><input type="checkbox"/> B. UNIFORM, OTHER DUTY</li> </ul> <p>Describe _____</p> <input checked="" type="checkbox"/> C. CITIZEN'S DRESS <ul style="list-style-type: none"> <li><input type="checkbox"/> D. TACTICAL</li> <li><input type="checkbox"/> E. B.I.S. UNIT</li> <li><input type="checkbox"/> F. SPECIAL EMPLOYMENT</li> <li><input type="checkbox"/> G. OTHER _____</li> </ul> <input type="checkbox"/> 2. OFF DUTY <ul style="list-style-type: none"> <li><input type="checkbox"/> 3. SPECIAL EMPLOYMENT</li> <li><input type="checkbox"/> 4. SECONDARY / OTHER</li> </ul>		<p>WORKING:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A. ALONE</li> <li><input checked="" type="checkbox"/> B. WITH ONE PARTNER</li> <li><input type="checkbox"/> C. WITH MULTIPLE PARTNERS</li> </ul> <p>How many? _____</p> <p>PATROL TYPE:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A. SQUAD CAR</li> <li><input type="checkbox"/> B. FOOT</li> <li><input type="checkbox"/> C. BICYCLE</li> <li><input type="checkbox"/> D. APV/MOTORCYCLE</li> <li><input type="checkbox"/> E. SQUADROL</li> <li><input type="checkbox"/> F. OTHER _____</li> </ul>								
<p><b>MANNER OF ATTACK</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 01. SHOT</li> <li><input type="checkbox"/> 02. SHOT AT</li> <li><input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT)</li> <li><input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT)</li> <li><input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)</li> </ul> <p><b>TYPE OF WEAPON/THREAT</b></p> <p>(Check all that apply):</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A. FIREARM CALIBER <b>UNKNOWN</b></li> <li><input type="checkbox"/> D. HANDS/FISTS</li> <li><input type="checkbox"/> E. FEET</li> <li><input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.)</li> <li><input type="checkbox"/> G. VERBAL THREAT (ASSAULT)</li> <li><input checked="" type="checkbox"/> H. OTHER (SPECIFY) _____</li> </ul> <p><b>WALKING TOWARDS PARTNER WITH GUN IN HAND</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. REVOLVER</li> <li><input checked="" type="checkbox"/> 2. SEMI-AUTOMATIC</li> <li><input type="checkbox"/> 3. RIFLE</li> <li><input type="checkbox"/> 4. SHOTGUN</li> </ul> <p><b>1. OFFICER STRUCK WITH VEHICLE</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE</li> </ul> <p><b>C. KNIFE/OTHER CUTTING INSTRUMENT</b>   <b>I. BLUNT INSTRUMENT</b></p> <p><b>FIREARM USE INFORMATION</b>   (Check all that apply):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A. OFFICER AT GUNPOINT</li> <li><input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED</li> <li><input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON</li> </ul> <p><b>OFFENDER INFORMATION</b></p> <table border="1"> <tr> <td>SEX <input checked="" type="checkbox"/> 1. M</td> <td>RACE <b>BLACK</b></td> <td>DOB <b>11-MAY-1979</b></td> </tr> <tr> <td>CB NO. [REDACTED]</td> <td colspan="2">IR NO. [REDACTED]</td> </tr> </table>					SEX <input checked="" type="checkbox"/> 1. M	RACE <b>BLACK</b>	DOB <b>11-MAY-1979</b>	CB NO. [REDACTED]	IR NO. [REDACTED]	
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CB NO. [REDACTED]	IR NO. [REDACTED]									
<p><b>TYPE OF INJURY TO OFFICER</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A. FATAL</li> <li><input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries)</li> <li><input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions)</li> <li><input checked="" type="checkbox"/> D. NONE APPARENT/NONE</li> </ul>		<p>WAS THE OFFENDER'S ACTIVITY: DRUG RELATED?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. YES</li> <li><input type="checkbox"/> 2. NO</li> <li><input checked="" type="checkbox"/> 3. UNKNOWN</li> </ul> <p>GANG RELATED?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. YES</li> <li><input type="checkbox"/> 2. NO</li> <li><input checked="" type="checkbox"/> 3. UNKNOWN</li> </ul> <p>NO. OF OFFENDERS PRESENT? <b>1</b></p>								
<p><b>LIGHTING CONDITIONS AT INCIDENT</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A. DAYLIGHT</li> <li><input type="checkbox"/> B. NIGHT</li> <li><input type="checkbox"/> C. DAWN</li> <li><input type="checkbox"/> D. DUSK</li> <li><input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT</li> <li><input type="checkbox"/> 1. POOR</li> <li><input checked="" type="checkbox"/> 2. GOOD</li> </ul>		<p><b>WEATHER CONDITIONS</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A. CLEAR</li> <li><input type="checkbox"/> B. RAIN</li> <li><input type="checkbox"/> C. SNOW</li> <li><input type="checkbox"/> D. FOG / SMOKE / HAZE</li> <li><input type="checkbox"/> E. SLEET / HAIL</li> <li><input type="checkbox"/> F. SEVERE CROSS WIND</li> </ul> <p>APPROXIMATE OUTDOOR TEMPERATURE: <b>37 °F</b></p>								

**WALKED TOWARDS PARTNER WITH GUN IN HAND, IMMEDIATELY AFTER MURDERING VICTIM.**

REPORTING MEMBER - SIGNATURE  
PAGE, RICKY L

STAR NO.  
11349

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
NAGODE, ALFRED J

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